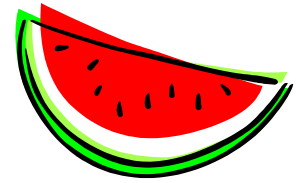




Arizona Health Care Cost Containment System

July-August, 2007

Encounter Keys



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EDI UPDATES

Cycle Change

Effective for the October 2007 adjudication process, AHCCCS' new validator/translator load process and other system enhancements will create a staging area that will not impact the Reinsurance Remit and Payment process. As a result, files will no longer be held due to the Reinsurance process. Another enhancement targeted for the October 2007 adjudication process is processing encounter data more than once per month. Beginning in and after October, encounter data will be scheduled to process twice a month. The highlights are:

- The first processing cycle will begin on the first Friday after the first Wednesday of the month. For the first cycle, all pended encounters will be recycled regardless of the action taken by the plan. All replacement and void transactions will be processed. The Reinsurance Case Creation cycle will run following the completion of this cycle.
- The second processing cycle will begin on the third Friday after the first Wednesday of the month. For the second cycle, only new day and pend corrections submitted since the first cycle will be processed. Pended encounters with no action will not be recycled. Only those plans submitting files for the second cycle will receive cycle reports and files, which will consist of only those encounters processed in the second cycle. In addition, replacement and void transactions associated to a reinsurance case will not be processed in the second cycle.

Updated Out Patient Fee Schedule

The updated version of the Out Patient Fee Schedule (OPFS) Valuation-Pricing Decision Tree is currently on the AHCCCS website: www.azahcccs.gov/RatesCodes/ Clarification has been added to some of the sections in response to questions AHCCCS has received over the last several months.

Category of Service (COS)

Effective with dates of service on or after January 1, 2003 the code L7360 (Six volt battery, otto bock or equal, each) has been added to COS 15 (DME & appliances).

Limit(s)

- Effective with dates of service on or after June 6, 2007 the CPT code 95004 (Percutaneous tests (scratch, puncture, prick) with allergenic) has a revised daily limit of 125.
- Effective with dates of service on or after June 6, 2007 the CPT codes have a change in maximum ages:

54150 (Circumcision, using clamp or other device with regional dorsal penile or ring block) - maximum age 999

54160 (Circumcision, surgical excision other than clamp, device or dorsal slit; neonate (28 days or age or less)) maximum age 28D
- Effective with dates of service on or after June 7, 2007 the CPT code 84244 (Renin) has been increased to 3 per year.
- Effective for dates of service on or after May 10, 2007 the following codes have a procedure daily limits change to ten (10):
90375 (Rabies immune globulin (rig), human, for intramuscular)
90376 (Rabies immune globulin, heat-treated (rig-ht), human,)
- Effective with dates of service on or after May 21, 2007 the HCPCS code P9016 (Red Blood cells, leukocytes reduced, each unit) has had a change on the procedure daily maximum units to 6 (six) refer to RF113 (Procedure Code Indicators And Values) and RF127 (Procedure OPFS Indicators And Values).
- Effective with dates of service on or after May 29, 2007 the procedure daily limit has been changed to nine (9) for the following CPT codes:

25260 (Repair, tendon or muscle, flexor, forearm and/or wrist)
25270 (Repair, tendon or muscle, extensor, forearm and/or wrist)



NPI Error Codes

Effective with dates of **processing** January 1, 2008 the following Primary Provider edits will pend.

Error Codes	Error Code Descriptions	Form Types
Z125	Service Provider NPI Field Is Missing Or Invalid	All form types
Z126	Detail Service Provider NPI Field Is Missing Or Invalid	All form types
Z175	Service Provider NPI Not On File	All form types
Z230	Service Provider NPI Multiple Matches Identified	All form types
Z231	Detail Service Provider NPI Multiple Matches Identified	A & D form type

Effective with dates of **processing** March 1, 2008 the following Secondary Provider edits will pend.

Error Codes	Error code descriptions	Form Types
F005	Facility NPI is invalid	A form type
F015	Facility NPI multiple matches identified	A form type
H030	Referring provider NPI is invalid	A, I, O, L, & D form types
H040	Referring provider NPI multiple matches identified	A, I, O, L, & D form types
U006	Attending provider NPI is missing or invalid	I, O, L form types
U007	Attending provider NPI multiple matches identified	I, O, L form types
Z176	Detail service provider NPI not on file	A & D form types
Z235	Prescribing provider NPI is missing or invalid	D form type
Z245	Prescribing provider NPI multiple matches identified	D form type



Reference File #4

AHCCCS has developed a new reference file (Refer04.ZIP) that will provide information regarding ASC groups. This file is available beginning July 1, 2007. Below is the file format.

Reference File 04 Layout**80 Column Format****Header (T0)****One Per File**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	YYYYMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	"T0"

80 Column Format**Group Detail (T1)****One per group**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Group ID	X(05)	01	05	
Item Type	X(01)	06	06	Item type from control item table; H=HCPCS, R=Revenue, D=Diag, etc.
Item From	X(11)	07	17	
Item To	X(11)	18	28	
Begin Date	X(08)	29	36	
End Date	X(08)	37	44	
Filler	X(34)	45	78	
Record Type	X(02)	79	80	"T1"

80 Column Format**Trailer (T9)****One Per File**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	YYYYMMDD
Total Records	9(10)	21	30	
Total Groups	9(10)	31	40	
Filler	X(38)	41	78	
Record Type	X(02)	79	80	"T9"

Code Change(s)

- Effective with dates of service April 1, 2003 the coverage code has been changed from 03 (Covered service/use other code) to 01 (Covered service/code available) for the code H2033 (Multisystemic therapy for juveniles, per 15 minutes).
- Effective with dates of service January 1, 2001 the coverage code has been changed from 03 (Covered service/use other code) to 01 (Covered service/code available) for the code H0015 (Alcohol and/or drug services; intensive outpatient (treatment)).
- Effective with dates of service on or after January 1, 2006 the following codes have an effective coverage code change of 09 (Medicare Only):

Code	Description
G0151	Services of physical therapist in home health setting, each 15 minutes
G0152	Services of occupational therapist in home health setting, each 15 minutes
G0153	Services of speech and language pathologist in home health setting, each 15 minutes
G0154	Of skilled nurse in home health setting, each 15 minutes

Provider Type

- Effective with dates of service on or after September 1, 2006 the CPT code 90870 (Electroconvulsive therapy (includes necessary monitoring) can be reported by provider type 02 (Hospital).
- Effective with dates of service on or after January 1, 2006 the HCPCS code G0333 (Pharmacy dispensing fee for inhalation drug(s)) can be reported by provider type 03 (Pharmacy).

Revenue Code

Effective with dates of service on or after April 1, 2007 the HCPCS code J0583 (Injection, bivalirudin, 1 MG) can be reported with the revenue code 0636.

UB-04

The UB-04: Version 1.00 Clarifications and Errata has been distributed from CMS. A copy of the information can be found in the AHCCCS Fee-For-Service Manual, Chapter 6.5 "Billing on the UB-04 Claim Form).
<http://www.azahcccs.gov/Publications/GuidesManuals/provman/index.asp>

Place of Service (POS)

- Effective with dates of service on or after January 1, 2006 the code 75957 (Endovascular repair of descending thoracic aorta (eg, aneurysm,) not involving coverage of left Subclavian artery origin) can now be reported with the following POS:

06 Indian Health Service Provider-BAS

08 Tribal 638 Provider-Based Facility

21 Inpatient Hospital

- Effective with dates of service on or after January 1, 2007 the CPT code 77001 (Fluoroscopic guidance for central venous access device placement (catheter only or complete)) can be reported at POS 11 (Office).
- Effective for dates of service on or after November 9, 2006 the code L0859 (Addition to halo procedure, magnetic resonance image compatible) can be reported on POS 21 (Inpatient Hospital).
- Effective with dates of service on or after June 11, 2007 the HCPCS code G0393 (Transluminal balloon angioplasty, percutaneous; for maintenance) can now be reported at POS 11 (Office).
- Effective for dates of service on or after June 1, 2006 the code 77421 (Stereoscopic X-ray guidance for localization of target) can be reported with POS 22 (Outpatient hospital)
- Effective for dates of service on or after September 1, 2006 the code 77421 (Stereoscopic X-ray guidance for localization of target) can be reported with POS 11 (Office).

VFC

- The two codes listed below are still on the VFC list. Consequently, the end date has been removed in our system.

90718 (Tetanus and diphtheria toxoids (TD) absorbed when administered)

90721 (Diphtheria, tetanus toxoids, and acellular pertussis)

- Effective with dates of service on or after December 1, 2006 the CPT code 90649 (Human papilloma virus (HPV) vaccine, types 6, 11, 16, 18)) has been changed on RF729 (VFC Procedure Codes) as T (toxoid).

Modifier(s)

Effective for dates of service on or after July 1, 2007 the modifier 59 (Distinct Procedural Service) has been end dated for the following codes:

90765	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
90766	Intravenous infusion, for therapy, prophylaxis, or diagnosis each additional hour, up to 8 hours)
90767	Intravenous infusion, for therapy, prophylaxis, or diagnosis additional sequential infusion, up to 1 hour
90768	Intravenous infusion, for therapy, prophylaxis, or diagnosis concurrent infusion
90774	Therapeutic, prophylactic or diagnostic injection (specify substance or drug) intravenous push, single or initial
90775	Therapeutic, prophylactic or diagnostic injection (specify substance or drug) each additional sequential intravenous
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour
96415	Chemotherapy administration, intravenous infusion technique; each additional hour 1 to 8 hours
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion

- Effective with dates of service on or after July 1, 2005 the CPT code 97001 (Physical Therapy Evaluation) can be reported with the modifier GP (Services delivered under OP physical therapy).
- Effective with dates of service on or after January 1, 2007 the following codes can be reported with the modifiers JA (Administered Intravenous) and JB (Administered Subcutaneous):
 - Q4081 (Injection, Epoetin Alfa, 100 Units (For ESRD On Dialysis)
 - J0882 (Injection, Darbepoetin Alfa, 1 Microgram (For ESRD On Dialysis)
 - J0886 (Injection, Epoetin Alfa, 1000 Units (For ESRD On Dialysis)
- Effective with dates of service on or after January 24, 2005 the error code V407 (Procedures can not be concurrently billed) has had the modifier fields added.

Excluded Table

- Effective with dates of service January 1, 2002 the codes C1718 (Brachytherapy source, iodine 125, per source) and C1720 (Brachytherapy source, palladium 103, per source) have been added to the reference table RF606 (Excluded Services).